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CONFIRMATION NO. 2797

<b>SERIAL NUMBER</b> 10/077,624	<b>FILING OR 371(c) DATE</b> 02/14/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 061818-5512 US
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**APPLICANTS**

Wenyuan Shi, Los Angeles, CA;  
 Sherie L. Morrison, Los Angeles, CA;  
 Kham Trinh, Alhambra, CA;  
 Letitia Wims, Culver City, CA;  
 Li Chen, Los Angeles, CA;  
 Maxwell Anderson, Seattle, WA;  
 Fengxia Qi, Harbor City, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/910,358 07/19/2001 ABN  
 which is a CIP of 09/378,577 08/20/1999 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/16/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

34055

**TITLE**

Anti-microbial targeting chimeric pharmaceutical

<b>FILING FEE RECEIVED</b> 1374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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